



Health Care for the Homeless

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Bibliography #28

Cultural Competence in Health Care

February 2005

Books and Journal articles listed herein are available from your local library, medical library, or through inter-library loan. If you have difficulty locating any of the materials listed in this bibliography, please contact the Center at the address below.

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Cultural Competence in Health Care

Section: 2004

Order #: 13345

Authors: American Medical Student Association.

Title: Diversity and Cultural Competency Case Studies.

Source: Reston, VA: American Medical Student Association, 2004. (Case Study: 5 pages)

Abstract: This publication includes seven case studies with discussion questions for each: preferential treatment; cultural beliefs in a scientific presentation; affirmative action; racial stereotyping; effect of racial bias; misinformation; and preferential treatment (authors).

Available From: American Medical Student Association, 1902 Association Drive, Reston, VA 20191, (703) 620-6600, www.amsa.org/div/cstudies.cfm.

Order #: 14157

Authors: Cooper, L.A., Powe, N.R.

Title: Disparities in Patient Experiences, Health Care Processes, and Outcomes: The Role of Patient-Provider Racial, Ethnic, and Language Concordance.

Source: New York, NY: Commonwealth Fund, 2004. (Report: 24 Pages)

Abstract: This report maintains that ethnic minorities are poorly represented among physicians and other health professionals. In what is called "race-discordant" relationships, patients from ethnic groups frequently are treated by professionals from a different ethnic background. The research reviewed here documents ongoing racial and ethnic disparities in health care and links patient-physician race and ethnic concordance with higher patient satisfaction and better health care processes. Based on this research, the authors issue the following recommendations: health policy should be revised to encourage workforce diversity by funding programs that support the recruitment of minority students and medical faculty; health systems should optimize their providers' ability to establish rapport with minority patients to improve clinical practice and health care delivery; cultural competency training should be incorporated into the education of health professionals; and future research should provide additional insight into the mechanisms by which concordance of patient and physician race, ethnicity, and language influences processes and outcomes of care (authors).

Available From: Commonwealth Fund, One East 75th Street, New York, NY 10021, (212) 606-3800, publications@cmwf.org, www.cmwf.org/publications/publications_show.htm?doc_id=231670

Order #: 13583

Authors: Fong, R.

Title: Culturally Competent Practice With Immigrant and Refugee Children and Families.

Source: New York, NY: The Guilford Press, 2004. (Book: 320 pages)

Abstract: This book covers the breadth of issues involved in working with immigrant and refugee children and families. Within an innovative conceptual framework, essential knowledge is presented to guide culturally competent practice with clients from over 14 immigrant groups whose numbers are growing in the United States today. Expert authors review the history of each group's migration to the U.S. and discuss key issues facing families, including cultural conflicts, trauma associated with refugee experiences and/or illegal status, and the effects of poverty and discrimination. Particular attention is given to ways that the practitioner can help families draw on culturally based resources for coping and resilience as they navigate the challenges of their new lives. Recommendations for strengths-based assessment and intervention are brought to life in detailed case examples (authors).

Available From: The Guilford Press, 72 Spring Street, New York, NY 10012, (212) 431-9800, www.guilford.com.

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Section: 2004

Order #: 13145

Authors: Grainer-Monsen, M., Haslett, J.

Title: **Worlds Apart Video Module: A Four-Part Series on Cross-Cultural Healthcare.**

Source: Boston, MA: Fanlight Productions, 2004. (Video Module: 48 minutes)

Abstract: This video set contains four films, which follow patients and families faced with critical medical decisions, as they navigate their way through the health care system. Filmed in patients' homes, neighborhoods and places of worship, as well as hospital wards and community clinics, Worlds Apart provides a look at both the patients' cultures and the culture of medicine. This series is a valuable tool for raising awareness about the role socio-cultural barriers play in patient-provider communication and in the provision of health care services for culturally and ethnically diverse patients.

Available From: Fanlight Productions, 4196 Washington Street, Suite 2, Boston, MA 02131, (800) 937-4113, www.fanlight.com. (COST: \$369.00)

Order #: 13146

Authors: Green, M., Betancourt, J., Carrillo, J.

Title: **Worlds Apart Facilitator's Guide: A Four-Part Series on Cross-Cultural Healthcare.**

Source: Boston, MA: Fanlight Productions, 2004. (Guide: 31 pages)

Abstract: This guide, to be used in accompaniment with the Worlds Apart Video Module, focuses on the different perspectives and values regarding health and illness among healthcare workers and their patients. The authors also discuss the issues and challenges faced in caring for a diverse population, as well as addressing the individuality of the patient rather than the stereotype of their background. Discrimination, negotiation and communication skills, and mistrust are also discussed (authors).

Available From: Fanlight Productions, 4196 Washington Street, Suite 2, Boston, MA 02131, (800) 937-4113, www.fanlight.com.

Order #: 13635

Authors: Jacobs, E., Shepard, D., Suaya, J., Stone, E.

Title: **Overcoming Language Barriers in Health Care: Costs and Benefits of Interpreter Services.**

Source: Research and Practice 94(5): 866-869, 2004. (Journal Article: 4 pages)

Abstract: In this article, the authors assess the impact of interpreter services on the cost and the utilization of health care services among patients with limited English proficiency. The authors measured the change in delivery and cost of care provided to patients enrolled in a health maintenance organization before and after interpreter services were implemented. According to the article, when compared with English-speaking patients, patients who used the interpreter services received significantly more recommended preventive services, made more office visits, and had more prescriptions written and filled. The article states that the estimated cost of providing interpreter services was \$279 per person per year. The authors conclude that providing interpreter services is a financially viable method for enhancing delivery of health care to patients with limited English proficiency (authors).

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Section: 2004

Order #: 13383

Authors: Kaiser Permanente.

Title: Kaiser Permanente National Program: Enhancing Culturally Competent Care to Specific Populations.

Source: Pasadena, CA: Kaiser Permanente California, 2004. (Handbook: pages)

Abstract: This workbook series describes the population characteristics, health beliefs, and specific health needs of Latinos, African Americans, Asian Americans and other populations comprising the health plan membership. Each handbook is sponsored by a physician "champion" from the ethnic/cultural group upon which the book is focused. The handbooks are in easy-to-read format and present demographic characteristics of the population, health beliefs, risk factors and epidemiological data. In addition, the authors describe the implications of this data and information for providers serving the plan's diverse membership (authors).

Available From: Jean Gilbert, Ph.D., Kaiser Permanente California, 393 East Walnut Street, LR-6, Pasadena, CA 91188, (818) 564-3743, Jean.Gilbert@kp.org, www.diversityrx.org/HTML/MOCPT6.htm.

Order #: 13374

Authors: Management Sciences for Health.

Title: The Provider's Guide to Quality and Culture.

Source: Boston, MA: Management Sciences for Health, 2004. (Guide: 1 page)

Abstract: This interactive web-based resource helps health care providers examine their own cultural beliefs, attitudes, and biases and learn more about how cultural differences may influence clinical outcomes. This guide also offers an exercise that is geared to helping organizations get started with their efforts to improve cultural competence. Major enhancements to the guide include: enhanced information on five major cultural groups in the United States; excerpts from selected chapters of the ten-volume Substance Abuse and Mental Health Services Administration, Health Resources and Services Administration and the Office of Minority Health, Office of Public Health and Science special collaborative edition cultural competence monograph series; and additional resources and links (authors).

Available From: Management Sciences for Health, 165 Allandale Road, Boston, MA 02130, (617) 524-7799, <http://erc.msh.org/quality&culture>.

Order #: 13364

Authors: National Health Care for the Homeless Council.

Title: Addressing Cultural and Linguistic Competence in the HCH Setting: A Brief Guide.

Source: Nashville, TN: National Health Care for the Homeless Council, 2004. (Guide: 13 pages)

Abstract: This document provides a framework for understanding the basic requirements of culturally and linguistically competent health care delivery and identifies key resources with which Health Care for the Homeless projects and other health care providers should be familiar (authors).

Available From: National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, www.nhchc.org/cultural.htm.

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Section: 2004

Order #: 13313

Authors: National Health Law Program.

Title: Language Services Action Kit.

Source: Washington, DC: National Health Law Program, 2004. (Toolkit: 58 pages)

Abstract: The Access Project and the National Health Law Program have developed a Language Services Action Kit for advocates and others working to ensure that people with limited English proficiency in their state get appropriate language assistance services in medical settings. In this toolkit, the authors explain the federal laws and policies that require health care providers to ensure access to services for people with limited English proficiency, and how states pay for Medicaid and SCHIP services. The toolkit also discusses how states can get federal funding to help pay for language services, such as interpretation, for program enrollees. The authors describe models that some states have adopted to reimburse health care providers for language services, and provide information and describe techniques for demonstrating the need for language services in advocacy campaigns. A list of resources for additional information about language services; and suggestions for getting advocacy efforts started are also included (authors).

Available From: National Health Law Program, 1101 Fourteenth Street NW, Suite 405, Washington, DC 20005, (202) 289-7724, www.healthlaw.org.

Order #: 14158

Authors: Office of Minority Health Resource Center.

Title: Setting the Agenda for Research on Cultural Competence in Health Care.

Source: Washington, DC: Office of Minority Health Resource Center, 2004. (Report: 229 Pages)

Abstract: This project looks at the question of what impact cultural competence interventions have on the delivery of health care and health outcomes, and investigates the opportunities and barriers that affect how further research in this area might be conducted. Health care providers take many approaches to bridge barriers to communication that stem from racial, ethnic, cultural, and linguistic differences. Cultural competence encompasses both interpersonal and organizational interventions and strategies for overcoming those differences. This document is the final report for the Cultural Competence Research Agenda project, the purpose of which was to examine how cultural competence affects health care delivery and health outcomes (authors).

Available From: Office of Minority Health Resource Center, PO Box 37337, Washington, DC 20013, (800) 444-6472, info@omhrc.gov, www.omhrc.gov/cultural/cultural18.htm

Order #: 13427

Authors: Zerger, S.

Title: Health Care for Homeless Native Americans.

Source: Nashville, TN: National Health Care for the Homeless Council, 2004. (Report: 46 pages)

Abstract: In this report, the author discusses the severe health disparity experienced by Native Americans, and their disproportionate representation among numerous high-needs groups, including the homeless. This report describes some of the key factors contributing to this growing inequity and then explains, in general terms, how health services are delivered to Native Americans. The author also discusses the barriers preventing adequate access to those services. Interviews with individuals providing health care to Native Americans who are homeless are used to offer some tentative solutions for overcoming access barriers in the short-term (author).

Available From: National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, www.nhchc.org.

Cultural Competence in Health Care

Section: 2003

Order #: 13377

Authors: Agger-Gupta, N., Iwataka, M., Wang, K.

Title: Cultural and Linguistic Competency Standards: Executive Summary.

Source: Los Angeles, CA: Los Angeles County Department of Health Services, 2003. (Executive Summary: 14 pages)

Abstract: This guide was developed by the Los Angeles County Department of Health Services (DHS) to guide and assist the DHS and its entities in providing quality care to the county's diverse populations. The authors offer a roadmap for implementing departmental policies related to patient care and workforce issues (authors).

Available From: Los Angeles County Department of Health Services, 313 North Figueroa Street, Room 123, Los Angeles, CA 90012, (213) 240-7710, www.dhs.co.la.ca.us/odp/docs/dhsexecsumm.pdf.

Order #: 13379

Authors: Campinha-Bacote, J.

Title: The Process of Cultural Competence in the Delivery of Healthcare Services. Fourth Edition.

Source: Cincinnati, OH: Transcultural C.A.R.E. Associates, 2003. (Book: 114 pages)

Abstract: This book includes a model of cultural competence, and an instrument (IAPCC-R) based on this model, to measure the cultural competence of healthcare professionals. The author takes healthcare professionals on a personal journey towards cultural competence in healthcare delivery. This journey includes examining the author's practice model of cultural competence, the process of cultural competence in the delivery of healthcare services. The author discusses clinical application of the model's constructs of cultural desire, cultural awareness, cultural knowledge, cultural skill, and cultural encounters. Based on this model, the author also provides healthcare professionals with an instrument, inventory for assessing the process of cultural competence among healthcare professionals to assess their own level of cultural competence (author).

Available From: Transcultural C.A.R.E. Associates, Dr. Campinha-Bacote, 11108 Huntwicke Place, Cincinnati, OH 45241, (513) 469-1664, www.transculturalcare.net/Resources.htm (COST: \$20.00).

Order #: 12912

Authors: Doty, H., Weech-Maldonado, R.

Title: Racial/Ethnic Disparities in Adult Preventive Dental Care Use.

Source: Journal of Health Care for the Poor and Underserved 14(4): 516-534, 2003. (Journal Article: 18 pages)

Abstract: This study examines whether adult preventive dental care utilization differs by ethnicity/race. According to the authors, logistic regression results find that controlling only for predisposing characteristics (gender, age, education, and health status), African Americans, Mexican Americans, and Other race/ethnicity are less likely than whites to utilize dental services. The article states that the effects are no longer significant when enabling resource variables are included in the model (income level, insurance, census region, and metropolitan statistical area). Interactions between race/ethnicity and insurance status show that privately insured racial/ethnic minority groups do not differ from privately insured whites in their utilization of dental services. Similarly, the preventive dental care utilization of publicly African Americans and Other Hispanics does not differ significantly from privately insured whites. However, publicly insured whites, Mexican Americans, and individuals of Other race/ethnicity have significantly lower odds of utilizing dental services relative to whites with private insurance (authors).

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Section: 2003

Order #: 12599

Authors: Gay, Lesbian, Bisexual, and Transgender Health Access Project.

Title: **Community Standards of Practice for Provision of Quality Health Care Services for Gay, Lesbian, Bisexual, and Transgendered Clients.**

Source: Boston, MA: GLBT Health Access Project, 2003. (Guide: 7 pages)

Abstract: These standards were created to improve gay, lesbian, bisexual, and transgendered (GLBT) clients' access to quality care and to assist clinicians and their facilities in creating responsive environments. These standards were guided by four principles: the elimination of discrimination on the basis of sexual orientation and gender identity; the promotion and provision of full and equal access to services; the elimination of stigmatization of GLBT people and their families; and the creation of health service environments where it is safe for people to be "out" to their providers. The resulting community standards of practice and quality indicators outlined in this document will guide and assist providers in achieving these goals. The standards address both agency administrative practices and service delivery components (authors).

Available From: GLBT Health Access Project, JRI Health, 100 Boylston Street Suite # 815, Boston, MA 02116, (617) 988-2605, www.glbthealth.org/sop.html

Order #: 12644

Authors: Health Resources and Services Administration.

Title: **Women's Health USA 2003.**

Source: Rockville, MD: Health Resources and Services Administration, 2003. (Book: 80 pages)

Abstract: This booklet is the second edition of the Women's Health USA data book, and selectively includes emerging issues and trends in women's health. New topics included in this edition are: data and information on incarcerated women, immigrant women, breastfeeding, medication use, bleeding disorders, and the Health Resources and Services Administration (HRSA) programs and populations. The authors claim that racial and ethnic disparities as well as sex disparities are highlighted. The booklet profiles women's health from a variety of data sources, and brings together the latest possible information from various agencies within the Federal Government (authors).

Available From: Health Resources and Services Administration, Maternal and Child Health Bureau, 5600 Fishers Lane, Room 18-05, Rockville, MD 20857, (301) 443-2170, www.mchb.hrsa.gov.

Order #: 12835

Authors: Howard, D.

Title: **Are the Treatment Goals of Culturally Competent Outpatient Substance Abuse Treatment Units Congruent With Their Client Profile?**

Source: Journal of Substance Abuse Treatment 24(2): 103-113, 2003. (Journal Article: 13 pages)

Abstract: This study examines whether organizational treatment goals varied among outpatient substance abuse treatment (OSAT) units identified as providing a level of culturally competent care for African Americans. Cross-sectional data from the 1995 National Drug Abuse Treatment System Survey (NDATSS) was used. Of the nationally representative, stratified sample of 699 units, 618 participated. Spearman correlation, analysis of variance, Behrens-Fisher t-tests, chi-square, and multivariate logistic regression were used. Culturally competent units, even after controlling for organizational and client characteristics, were more apt than non-culturally competent units to indicate that achieving steady employment, spiritual strength, and physical health were important treatment goals. A congruency exists among culturally competent OSAT units between the client profile, which is more distressful than that for non-culturally competent units, and the orientation of treatment goals, which are more holistic; that is, treating the total individual, rather than the addiction only (authors).

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Section: 2003

Order #: 12836

Authors: Howard, D.

Title: **Culturally Competent Treatment of African American Clients Among a National Sample of Outpatient Substance Abuse Treatment Units.**

Source: Journal of Substance Abuse Treatment 24(2): 89-102, 2003. (Journal Article: 13 pages)

Abstract: This study measures the level of cultural competency with respect to African American clients that exists among a national sample of outpatient substance abuse treatment (OSAT) units and determines the relationship of cultural competency to various characteristics of these units and their clients. The study utilizes cross-sectional data from the 1995 National Drug Abuse Treatment System Survey (NDATSS). The sample for NDATSS was randomly selected from a comprehensive list of OSAT programs compiled by the Institute for Social Research at the University of Michigan in 1994. Of the nationally representative, stratified sample of 699 units, 618 participated. Spearman correlation, analysis of variance, Behrens-Fisher t-tests, and chi-square were used for bivariate comparisons. Culturally competent units are typically public, federal-funded organizations. Staffs of culturally competent units are typically college-educated with specialized treatment certification. High severity of illness as well as increased social distresses is pervasive among the clients of culturally competent units. Consideration of this client profile may be a key determinant in evaluating the effectiveness of cultural competency for African American substance abusers (authors).

Order #: 12913

Authors: Lukoschek, P.

Title: **African Americans' Beliefs and Attitudes Regarding Hypertension and Its Treatment: A Qualitative Study.**

Source: Journal of Health Care for the Poor and Underserved 14(4): 566-587, 2003. (Journal Article: 21 pages)

Abstract: In this article, the author explores the health beliefs known to influence nonadherence among hypertensive African Americans. These individuals were recruited from an urban, public hospital and divided into two categories: adherent, well-controlled versus nonadherent, poorly controlled participants. Separate focus group sessions were held for each category. According to the author, patients proved similar with respect to sociodemographic variables but varied in the duration of hypertension. Some beliefs were mentioned more often among nonadherent participants than among adherent participants when describing medical treatments and physicians' encounters. Some patients perceived medication to be harmful and noneffective, and some expressed distrust of pharmaceutical companies and physicians, believing them to use patients for experimentation to test medications. Their descriptions of dialogues with physicians suggested authoritarian and ethnicity-inappropriate communication patterns. The authors suggest integrating health beliefs into educational interventions and physician-patient communication as methods to reduce nonadherence rates among African Americans (author).

Order #: 13045

Authors: Mottet, L., Ohle, J.

Title: **Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People.**

Source: Washington, DC: National Gay and Lesbian Task Force Policy Institute, 2003. (Report: 51 pages)

Abstract: This guide is a joint publication of the National Coalition for the Homeless (NCH) and the National Gay and Lesbian Task Force. Earlier this year, the NCH adopted a nondiscrimination resolution covering transgender people. The guide combines the transgender expertise of the Task Force with NCH's expertise on shelters to produce a usable guide that is suitable for homeless shelters across the country (authors).

Available From: National Gay and Lesbian Task Force Policy Institute, 1325 Massachusetts Avenue NW, Suite 600, Washington, DC 20005, (202) 393-5177, www.nglftf.org.

Cultural Competence in Health Care

Section: 2003

Order #: 13369

Authors: National Center for Cultural Healing.

Title: **Cultural Competence and Health Care: Module 7. Continuing Education for Health Service Providers in Psychology.**

Source: Reston, VA: National Center for Cultural Healing, 2003. (Bibliography: 11 pages)

Abstract: This bibliography provides an extensive list of books, reports, curricula and articles on mental health issues in cultural competence. A wide range of topics are covered under this theme, including children, ethnic populations, rural issues, health care barriers, and gender differences. These publications are available through the National Center for Cultural Healing only (authors).

Available From: National Center for Cultural Healing, 2331 Archdale Road, Reston, VA 20191, (703) 626-1619, www.culturalhealing.com/mentalhealth.htm

Order #: 12613

Authors: New York State Office of Mental Health.

Title: **Cultural Competence and Evidence-Based Practices.**

Source: Albany, NY: New York State Office of Mental Health, 2003. (Fact Sheet: 2 pages)

Abstract: Cultural competence is provision of effective and respectful care that is compatible with the cultural health and mental health beliefs, practices and languages of the people receiving services. Cultural Competence activities need to be imbedded within all stages of development, implementation and evaluation of evidence-based practices. Readiness for implementation needs to include skill development and policy guidance to ensure clinical and administrative practices are responsive to the diversity of the population served. Assessment of systems and providers needs to evaluate effectiveness of evidence-based practices across cultures and continue to build the evidence base for strategies demonstrated to be effective for everyone receiving the service (authors).

Available From: Cathy Cave, Cultural Competence Coordinator, New York State Office of Mental Health, 44 Holland Avenue, Albany, NY 12229, (518) 408-2026, ccave@omh.state.ny.us, www.omh.state.ny.us/omhweb/ebp/culturalcompetence.htm

Order #: 13378

Authors: Queensland Health.

Title: **Cultural Diversity: A Guide for Health Professionals.**

Source: Brisbane, Queensland: Queensland Health, 2003. (Guide: 1 pages)

Abstract: This web-based guide provides basic information about different community groups and sections of the population. The guide includes the demography and epidemiological, cultural and migration backgrounds of a select number of ethnic groups in Queensland. The authors also refer to key issues including children and young people, women and major life cycle events such as pregnancy and birth, and torture and trauma. Each section also includes contact information, general community information, and summary data from research conducted with these communities (authors).

Available From: Queensland Health Building, 147-163 Charlotte Street, Brisbane Queensland 4000, <http://203.147.140.236/multicultural/cultdiv/default.asp>.

Cultural Competence in Health Care

Section: 2003

Order #: 12615

Authors: Siegel, C., Haugland, G.

Title: The Convergence Between Cultural Competency and Evidence-Based Practice.

Source: Baltimore, MD: National Association of State Mental Health Program Directors Research Institute, 2003. (Presentation: 20 pages)

Abstract: This paper indicates that both national and state mental health agencies are promoting the dissemination and implementation of evidence-based practices into the service delivery community. The authors question whether evidence-based practices can be expected to work in environments in which issues related to cultural diversity have not yet been addressed. The authors state that Cultural Competency (CC) has been posited as a mechanism to reduce the mental health disparities associated with race, ethnicity and language. Service delivery entities in which CC has been implemented will be aware of the need to evaluate the suitability of an evidence-based practice to the cultural groups it serves, and if deemed suitable, to adapt these practices for these groups. Fidelity to the models of evidence-based practice needs to be measured in terms of these adaptations, and appraisals of success of these practices need to include culture specific outcomes. The implementation of evidence-based practices should walk hand in hand with the adoption of CC into a service delivery entity (authors).

Available From: National Association of State Mental Health Program Directors Research Institute, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333, www.nri-inc.org/conference/Conf03/siegel,haugland.ppt.

Order #: 13340

Authors: Siegel, C., Haugland, G., Chambers, E.D.

Title: Cultural Competency Methodological and Data Strategies to Assess the Quality of Services in Mental Health Systems of Care: Cultural Competency Assessment Scale. Service Delivery Agency Level.

Source: Orangeburg, NY: Center for the Study of Issues in Public Mental Health, 2003. (Instrument: 16 pages)

Abstract: This scale was derived from the work of the two phase SAMHSA/CMHS funded project conducted in prior years in which performance measures of cultural competency (CC) in behavioral healthcare settings were selected and benchmarked. An expert panel of persons from the four major racial/ethnic groups in the U.S., experts in CC, providers, consumers and planning persons guided the work, in addition to consumer focus group reviews. A small group of these panel members used the measures and their benchmarks to set the criteria to be measured, within 11 areas, and these became the basis of the scale. For each area, an agency's performance is rated on a five point scale, with four levels of the scale related to a specific performance measure and its benchmark and the first level reserved to indicate no action. The rating of 5 on an item represents the ideal condition that the expert panel felt was attainable. Use of the scale is simpler than applying the long list of measures that had been developed. Its use is expected to move and promote organizations and their personnel toward culturally competent behaviors in the delivery of mental health services. The CC Assessment Scale is fully compatible with prior work of other groups and in particular with the CLAS standards (authors).

Available From: Center for the Study of Issues in Public Mental Health, Nathan S. Kline Institute, 140 Old Orangeburg Road, Orangeburg, NY 10962, (845) 398-6582, www.rfmh.org

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Section: 2003

Order #: 14013

Authors: Van Servellen, G., Carpio, F., Lopez, M., Garcia-Teague, L., Herrera, G., Monterrosa, F., Gomez, R., Lombardi, E.

Title: **Program to Enhance Health Literacy and Treatment Adherence in Low-Income HIV-Infected Latino Men and Women.**

Source: AIDS Patient Care and STDs 17(11): 581-594, 2003. (Journal Article: 14 Pages)

Abstract: This paper reports the initial results of a pilot study to evaluate the acceptability and effectiveness of a program to enhance health literacy in low-income HIV-infected Latino men and women receiving antiretroviral therapy. Participants rated the program highly on measures of satisfaction, providing evidence of its acceptability. The effectiveness of the program was assessed in comparisons of the intervention and standard care only groups at baseline and 6-week intervals. Program participants showed significant improvement over comparison group participants on measures of HIV/AIDS and treatment-related knowledge and recognition and understanding of HIV terms. Although there were no significant changes in adherence mastery and behaviors during the six week follow up period, there were significant changes in program participants' knowledge about medication adherence. Future steps to examine the sustainability of the program in the medical management of patients are planned in addition to determining its long-range relative impact (authors).

Section: 2002

Order #: 11165

Authors: American Journal of Public Health.

Title: **Women of Color.**

Source: American Journal of Public Health 92: 501-688, 2002. (Journal:Entire Issue: 188 pages)

Abstract: This issue discusses health issues for minority women. It has a special section on the future health needs of minority women as well as a section on rural health and women of color. There is also a collection of articles on research and practice on minority women's health issues. In total there are 29 articles in this issue devoted to these topics.

Order #: 11737

Authors: Betancourt, J., Green, A., Carrillo, E.

Title: **Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches.**

Source: New York, NY: The Commonwealth Fund, 2002. (Report: 30 pages)

Abstract: The field of cultural competence has recently emerged as part of a strategy to reduce disparities in access to and quality of health care. Since this is an emerging field, efforts to define and implement the principles of cultural competence are still ongoing. To provide a framework for discussion and examples of practical approaches to cultural competence, this report set out to evaluate current definitions of cultural competence and identify benefits to the health care system by reviewing the medical literature and interviewing health care experts in government, managed care, academia and community health care delivery. It also identifies models of culturally competent care and determines key components of cultural competence and develops recommendations to implement culturally competent interventions and improve the quality of health care.

Available From: The Commonwealth Fund, One East 75th Street, New York, NY 10021, (212) 606-3800, www.cmwf.org

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Section: 2002

Order #: 13381

Authors: Campinha-Bacote, J.

Title: Readings and Resources in Transcultural Health Care and Mental Health. Thirteenth Edition.

Source: Cincinnati, OH: Transcultural C.A.R.E. Associates, 2002. (Monograph: 389 pages)

Abstract: This monograph is for healthcare providers and healthcare organizations that are interested and committed to the process of striving towards cultural competence in healthcare service and delivery. The "Readings" section is comprised of articles that are all authored or co-authored by Dr. Campinha-Bacote. The "Resources" section contains materials that can assist organizations in learning and/or obtaining more information about a specific area in cultural competence. This section will also provide the reader with information about available resources on specific ethnically and culturally diverse populations (author).

Available From: Transcultural C.A.R.E. Associates, Dr. Campinha-Bacote, 11108 Huntwicke Place, Cincinnati, OH 45241, (513) 469-1664, www.transculturalcare.net/Resources.htm (COST: \$45.00).

Order #: 12193

Authors: Center for Substance Abuse Treatment.

Title: Appendix C--Cultural Competence.

Source: In Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases: Treatment Improvement Protocol Series 11. Washington, DC: U.S Department of Health and Human Services, SAMHSA, CSAT, 2002. (Book Chapter: 12 pages)

Abstract: This appendix includes two articles on cultural competence. The first article, "Cultural Sensitivity: Treatment for Diversity," was published in the July/August 1992 issue of The Counselor, a publication of the National Association of Alcoholism and Drug Abuse Counselors. For the article, the association invited several treatment professionals to share their views on prejudice and cultural sensitivity. The second article, "Self-Instruction to Prevent HIV Infection Among African-American and Hispanic-American Adolescents," was published in 1990 in the Journal of Consulting and Clinical Psychology, a publication of the American Psychological Association. The authors report the results of a study in which different interventions were used to instruct adolescents about avoiding behavioral risks for HIV infection (authors).

Available From: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852, (800) 729-6686. www.health.org

Order #: 11992

Authors: Coridan, C., O'Connell, C.

Title: Meeting the Challenge: Ending Treatment Disparities for Women of Color.

Source: Alexandria, VA: National Mental Health Association, 2002. (Report: 22 pages)

Abstract: This report, based on research which clearly shows that women are more likely than men to experience co-occurring mental health and substance abuse/addiction disorders, focuses on the increased need women have for comprehensive treatment models. Due to the majority of persons who suffer from addictive disorders, women of minority status are often unaware of, or unable to access appropriate services. When women of color who have mental health problems, substance abuse/addiction and co-occurring disorders seek help, they can encounter inadequate and irrelevant treatment programs with little or no sensitivities to specific gender, racial and cultural issues. This report provides research-based information, strategies and action steps for grant writing and other funding, advocacy, coalition building, community services assessments and program development (authors).

Available From: National Mental Health Association, 2001 N. Beauregard Street, 12th Floor, Alexandria, Virginia 22311, (800) 969-NMHA, www.nmha.org.

Cultural Competence in Health Care

Section: 2002

Order #: 10957

Authors: Fiscella, K., Franks, P., Doescher, M.P., Saver, B.G.

Title: Disparities in Health Care by Race, Ethnicity, and Language Among the Insured.

Source: Medical Care 40 (1): 52-59, 2002. (Journal Article: 8 pages)

Abstract: Racial and ethnic disparities in health care have been well documented, but poorly explained. The objective of this study was to examine the effect of access barriers, including English fluency, on racial and ethnic disparities in health care. Cross-sectional analysis of the Community Tracking Survey (1996-1997) was used with adults 18 to 64 years with private or Medicaid health insurance. Independent variables included race, ethnicity, and English fluency. Dependent variables included having had a physician or mental health visit, influenza vaccination, or mammogram during the past year. The health care use pattern for English-speaking Hispanic patients was not significantly different than for non-Hispanic white patients in the crude or multivariate models. In contrast, Spanish-speaking Hispanic patients were significantly less likely than non-Hispanic white patients to have had a physician visit (RR, 0.77; 95% CI, 0.72-0.83), mental health visit (RR, 0.50; 95% CI, 0.15-0.52). After adjustment for predisposing, need, and enabling factors, Spanish-speaking Hispanic patients showed significantly lower use than non-Hispanic white patients across all four measures. Black patients had a significantly lower crude relative risk of having received influenza vaccination (RR, 0.73; 95% CI, 0.58-0.87). Adjustment for additional factors had little impact on this effect, but resulted in black patients being significantly less likely than non-Hispanic white patients to have had a visit with a mental health professional (RR, 0.46%; 95% CI, 0.37-0.55). **CONCLUSIONS:** Among insured nonelderly adults, there are appreciable disparities in health-care use by race and Hispanic ethnicity. Ethnic disparities in care are largely explained by differences in English fluency, but racial disparities in care are not explained by commonly used access factors (authors).

Order #: 13385

Authors: Harden, E.

Title: Rural Health Care: Cultural Competency Education and Awareness Manual.

Source: Kansas City, MO: National Rural Health Association, 2002. (Manual: 48 pages)

Abstract: This manual covers various aspects of cultural and ethnic awareness and is designed to help healthcare practitioners recognize the differences between segments of the population. This manual is designed to help prevent practitioners and consumers from misunderstanding and misinterpreting each other. The effectiveness of healthcare providers in reaching and working with multicultural populations rests heavily upon the sensitivity, respect, and understanding paid to racial and ethnic diversity.

Available From: National Rural Health Association, One West Armour Blvd., Suite 203, Kansas City, MO 64111, (816) 756-3140, www.nrharural.org (COST: \$60.00).

Order #: 13386

Authors: Harden, E.

Title: Rural Health Care: Cultural Competency Education and Awareness Workbook.

Source: Kansas City, MO: National Rural Health Association, 2002. (Workbook: 36 pages)

Abstract: This workbook accompanies the Cultural Competency Education and Awareness Manual, which covers various aspects of cultural and ethnic awareness and is designed to help healthcare practitioners recognize the differences between segments of the population. The effectiveness of healthcare providers in reaching and working with multicultural populations rests heavily upon the sensitivity, respect, and understanding paid to racial and ethnic diversity (author).

Available From: National Rural Health Association, One West Armour Blvd., Suite 203, Kansas City, MO 64111, (816) 756-3140, www.nrharural.org (COST: \$60.00).

Cultural Competence in Health Care

Section: 2002

Order #: 11182

Authors: Health Care for the Homeless Clinician's Network.

Title: **Paso a Paso: Step by Step Toward Cultural Competence.**

Source: Healing Hands 6(1): 2002. (Newsletter: 4 pages)

Abstract: Achieving cultural competence - the ability to communicate effectively across different linguistic and cultural traditions - is necessarily a gradual process. For clinicians, this requires close examination of health-related attitudes and beliefs - their clients' and their own. The articles in this issue suggest some steps that homeless health care providers can take to begin the journey. To simplify this task while illustrating its complexity, the authors have chosen to focus on the clinical challenges presented by homeless persons whose primary language is Spanish, and how experienced clinicians are meeting them. Many of the lessons learned from these service providers are applicable to other cultural groups (authors).

Available From: National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, www.nhchc.org

Order #: 11856

Authors: Health Care for the Homeless Clinician's Network.

Title: **Crossing to Safety: Transgender Health and Homelessness.**

Source: Healing Hands 6(4): 2002. (Newsletter: 6 pages)

Abstract: This newsletter contains articles written to enhance understanding of gender variance and to illustrate ways in which clinicians can provide a safe and comfortable "medical home" for transgender clients who are otherwise homeless. Persons who identify with a gender that differs from the sex assigned to them at birth are at high risk for social isolation, physical and emotional trauma, chemical dependency, infectious disease, and discrimination limiting their access to employment, housing, and health care. Homelessness compounds these risks (authors).

Available From: National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, www.nhchc.org

Order #: 13367

Authors: Jacobs, E.

Title: **Language Access Services.**

Source: Washington, DC: Office of Minority Health, 2002. (Concept Paper: 15 pages)

Abstract: This paper provides input to the National Advisory Committee for the design and definition of curriculum modules on culturally competent care based on the corresponding subset of National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) Standards. The author focuses on the core knowledge and competencies of working with limited English proficient (LEP) persons that family physicians should be able to demonstrate. The paper outlines these competencies and the range of possible educational approaches to teaching family physicians how to develop and maintain their skills in addressing the needs of their LEP patients. The author also includes references to research supporting the inclusion of this type of curriculum into medical education and training (author).

Available From: Office of Minority Health, P.O. Box 37337, Washington, DC 20013, (800) 444-6472, www.cultureandhealth.org/cccm/progress/jacobsfinal.pdf

Cultural Competence in Health Care

Section: 2002

Order #: 14189

Authors: Kraybill, K.

Title: Outreach to People Experiencing Homelessness: A Curriculum for Training Health Care for the Homeless Outreach Workers. Module 2D: Cultural Competence in Outreach.

Source: Nashville, TN: National Health Care for the Homeless Council, 2002. (Module: 11 Pages)

Abstract: The purpose of this module is to: help participants connect issues of diversity and cultural competency with their own experience; gain a clearer understanding of the cultural issue that cuts across every encounter with homeless people-what it means to live in extreme poverty; to define cultural competence and describe its key elements; to test personal knowledge about quality health care and culture via a self-quiz; to explore issues relevant to cultural competence for health care providers through an interactive web-based medium; to learn about cultural competence in the provision of health care for underserved and unserved populations; and to promote the development of culturally competent practice in outreach.

Available From: National Health Care for the Homeless Council, P.O. Box 60427, Nashville, TN 37206, (615) 226-2292, www.nhchc.org/Curriculum/module2/module2D/module2d.htm

Order #: 13347

Authors: Linkins, K., McIntosh, S., Bell, J., Chong, U.

Title: Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile.

Source: Falls Church, VA: The Lewin Group, 2002. (Report: 19 pages)

Abstract: This report is an analytic or organizing framework and set of specific indicators to be used as a tool for examining, demonstrating, and documenting cultural competence in organizations involved in the direct delivery of health care and services. According to the authors, the report is most pertinent for organizations that are community-oriented, and is designed to be adapted, modified, or applied in ways that best fit within an organization's context. This report is a first step along a continuum that includes further refinement of the indicators, identification of particular qualitative or quantitative measures for each indicator, identification or development of data sources and data collection instruments, and formal field testing.

Available From: The Lewin Group, 3130 Fairview Park Drive, Suite 800, Falls Church, VA 22042, (703) 269-5500, www.hcbs.org/files/19/937/CulturalCompetenceReport.pdf.

Order #: 10953

Authors: Oddone, E.Z., Petersen, L.A., Weinberger, M., Freedman, J., Kressin, N.R.

Title: Contribution of the Veterans Health Administration in Understanding Racial Disparities in Access and Utilization of Health Care.

Source: Medical Care 40 (1): I-3-I-13, 2002. (Journal Article: 11 pages)

Abstract: The authors first introduce the context and reasons for conducting racial variation research with regard to health care disparities in the veterans population. They discuss four general paradigms for explaining these disparities and continue with more specific factors. The section on clinical factors includes a discussion of ischemic heart disease, cerebral vascular disease, and mental health disorders. The section on the role of the patient includes a discussion on patient perceptions of health, patient preferences, patient trust and satisfaction, and patient-physician interaction. Finally, the section on the role of the provider includes a discussion on provider education.

Cultural Competence in Health Care

Section: 2002

Order #: 13376

Authors: Office of Minority Health.

Title: **A Practical Guide for Implementing the Recommended National Standards for Culturally and Linguistically Appropriate Services in Health Care.**

Source: Washington, DC: Office of Minority Health, 2002. (Guide (DRAFT): 6 pages)

Abstract: This guide targets health care organizations that provide patient care and evaluates how well the organization meets national cultural competence guidelines; provides a practical and easy, step-by-step guide to conduct and interpret a CLAS audit; and provides guidance on implementation of the CLAS Standards. The assessment section consists of six Institutional Audit Checklists arranged by topic areas, including: present and future patient demographics; present staff demographics; assessment of leadership; evaluation of current actions to enhance cultural and linguistic competence; patient/community access to culturally and linguistically appropriate care; and; community involvement, input and support. The Institutional Audit Checklists are one section of a multi-part guide, which includes the following modules: rationale for CLAS; conducting and interpreting a cultural self-audit; strategic planning; delivering effective, understandable, and respectful care; promoting diversity throughout the organization; providing language access services; ongoing staff training; developing partnerships with community organizations; and, the annual self-assessment and evaluation. Each module includes checklists, forms, and syllabi with instructions for use and interpretation of results (authors).

Available From: Office of Minority Health, P.O. Box 37337, Washington, D.C. 20013, (800) 444-6472, www.omhrc.gov/clas/guide2a.asp.

Order #: 11738

Authors: Saldana, D.

Title: **Cultural Competency: A Practical Guide for Mental Health Service Providers.**

Source: Austin, TX: The Hogg Foundation, 2002. (Guide: 23 pages)

Abstract: Cultural competency can be defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations. The cultural appropriateness of mental health services may be the most important factor in the accessibility of services by people of color. Developing culturally sensitive practices can help reduce barriers to effective treatment utilization. This guidebook provides recommendations on how providers can improve the delivery of mental health services to culturally diverse groups using appropriate assessments, translators and outreach.

Available From: Hogg Foundation for Mental Health, The University of Texas at Austin, P.O. Box 7998, Austin, TX 78713, (888) 404-4336, <http://hogg1.lac.utexas.edu>.

Order #: 13371

Authors: Seah, E., Tilbury, F., Wright, B., Rooney, R., Jayasuriya, P.

Title: **Cultural Awareness Tool: Understanding Cultural Diversity in Mental Health.**

Source: Parramatta, BC: Multicultural Mental Health Australia, 2002. (Toolkit: 66 pages)

Abstract: The Cultural Awareness Tool (CAT) aims to provide general guidance to health and mental health practitioners in how to manage clients with a mental illness in a more culturally aware way. The CAT is designed as a first step in developing cultural competence. The authors assert that based on usage of this tool, health and mental health practitioners will further develop their own knowledge concerning culturally-sensitive care. The tool contains questions designed to elicit the client's explanatory model of their illness and medical encounter, and how the patient's cultural background affects their health beliefs and behaviors. The tool also includes general information on how to interact with a client from a different ethnic background, including the use of interpreters (authors).

Available From: Multicultural Mental Health Australia, Locked Bag 7118, Parramatta BC 2150, www.mmha.org.au/MMHAPublications/Store/cat.pdf.

Cultural Competence in Health Care

Section: 2002

Order #: 11702

Authors: Sherer, R.A.

Title: Surgeon General's Report Highlights Mental Health Problems Among Minorities.

Source: Psychiatric Times 19(3): 1-4, 2002 (Journal Article: 4 pages)

Abstract: In this article, the author uses historical and sociocultural factors to analyze the particular mental health care needs of each minority group. Specific mental health care needs for both adults and children are discussed and attention is given to high-speed populations and culturally-influenced syndromes within the group. The article also includes a discussion of the availability of care, the appropriateness of available treatments, diagnostic issues and best practices related to the group. The author provides bulleted listings of findings contained in the report on African Americans, American Indians, and Alaskan Natives, Hispanic Americans, Asian Americans and Pacific Islanders (author).

Order #: 11852

Authors: Siegel, C., Haugland, G., Chambers, E.D.

Title: Cultural Competency Methodological and Data Strategies to Assess the Quality of Services in Mental Health Systems of Care: A Project to Select and Benchmark Performance Measures of Cultural Competency.

Source: Orangeburg, NY: Center for the Study of Issues in Public Mental Health, 2002. (Report: 89 pages)

Abstract: This study used an implementation logic model which was developed related to the stages of implementation of cultural competency (CC) procedures within a mental health care organization. Measures were identified related to each of these stages for three organizational levels: administrative, provider and individual. An expert panel of multicultural stakeholders reduced the set to a feasible list and made an assessment of the earliest stage in the implementation process in which a measure could be applied. Twenty good practice sites were identified by the Expert Panel, and a telephone survey was used to query key informants in these sites on the valuation of these measures in their organizations. The Panel used the survey responses to set benchmarks, but set them at the highest levels that they deemed could be achieved by an organization, rather than on the norms of the survey data, so that the benchmarks would serve to signal the directions in which organizations must move in order to achieve higher levels of CC. Benchmarks were set for the administrative and service entities levels. It was recognized that CC had to be in place at the organizational levels before individual caregivers and support staff could be evaluated for their cultural competence. Problematic issues related to financial implications were identified around definitions of cultural groups, threshold levels, and service coverage areas. The selected measures were re-reviewed to insure that they could be used to guide an implementation process and to support the integration of CC throughout the organizational levels of an organization. The selected list speaks to the structures that should exist, the processes that should take place and the outcomes that should be achieved to indicate that CC is in place.

Available From: Center for the Study of Issues in Public Mental Health, Nathan S. Kline Institute, 140 Old Orangeburg Road, Orangeburg NY 10962, (845) 398-6582, www.rfmh.org/csipmh/other_cc.pdf

Cultural Competence in Health Care

Section: 2002

Order #: 11482

Authors: Smedley, B., Stith, A.Y., Nelson, A.R.

Title: Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.

Source: Washington, DC: National Academy Press, 2002. (Report: 586 pages)

Abstract: Racial and ethnic minorities tend to receive a lower quality of healthcare than non-minorities, even when access-related factors, such as patients' insurance status and income, are controlled. The sources of these disparities are complex, are rooted in historic and contemporary inequities, and involve many participants at several levels, including health systems, their administrative and bureaucratic processes, utilization managers, healthcare professionals, and patients. Consistent with the charge, the study committee focused part of its analysis on the clinical encounter itself, and found evidence that stereotyping, biases, and uncertainty on the part of healthcare providers can all contribute to unequal treatment. The conditions in which many clinical encounters take place - characterized by high time pressure, cognitive complexity, and pressures for cost-containment - may enhance the likelihood that these processes will result in care poorly matched to minority patients' needs. Minorities may experience a range of other barriers to accessing care, even when insured at the same level as whites, including barriers of language, geography, and cultural familiarity. Further, financial and institutional arrangements of health systems, as well as the legal, regulatory, and policy environment in which they operate, may have disparate and negative effects on minorities' ability to attain quality care.

Available From: National Academy Press, 2101 Constitution Avenue, N.W., Box 285, Washington, DC, 20055, 800-624-6242, www.nap.edu.

Order #: 13373

Authors: University of California at San Francisco Center for the Health Professions.

Title: Cultural Competency Training Template.

Source: San Francisco, CA: University of California at San Francisco, Center for the Health Professions, 2002. (Curriculum: 2 pages)

Abstract: This template is a suggested outline for a half-day training that teaches the basics about cultural competency to health professionals, whether they are students or experienced clinicians. The authors designed the session to incorporate the domains of knowledge, awareness and communication skills that relate to health disparities and cultural competency in a half-day workshop. This template identifies the overall learning objectives for this training, the domains (knowledge, awareness, skills) included in the training and corresponding exercises and content (authors).

Available From: University of California at San Francisco, Center for the Health Professions, 3333 California Street, Suite 410, San Francisco, CA 94118, http://futurehealth.ucsf.edu/pdf_files/Halfdaytemplate-network.pdf.

Order #: 13368

Authors: Weech-Maldonado, R.

Title: Organizational Support Standards for Culturally and Linguistically Appropriate Services (CLAS): Core Concepts, Content Knowledge, and Core Skills.

Source: Washington, DC: Office of Minority Health, 2002. (Concept Paper: 16 pages)

Abstract: This paper proposes the administrative competencies needed to implement the policies and programs standards 8-14, set forth by the national standards for culturally and linguistically appropriate services (CLAS). The proposed administrative competencies are classified into four core areas: managerial epidemiology; strategic planning; quality improvement; and marketing. The author asserts that these competencies need to be supported by the organizational context that includes leadership, organizational culture, and control systems (author).

Available From: Office of Minority Health, P.O. Box 37337, Washington, DC 20013, (800) 444-6472, www.cultureandhealth.org/cccm/progress/weech.pdf.

Cultural Competence in Health Care

Section: 2002

Order #: 13366

Authors: Welch, M.

Title: Culturally Competent Care.

Source: Washington, DC: Office of Minority Health, 2002. (Concept Paper: 19 pages)

Abstract: This paper provides input to the National Advisory Committee (NAC) for the design and definition of curriculum modules on culturally competent care based on the corresponding subset of National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS). The author was commissioned to write on one of the three main areas of the CLAS Standards: culturally competent care, and asserts that to communicate with and treat patients of varying backgrounds, preferences and cultures health care providers must have a solid understanding of and respect for patients' differing health beliefs and practices (author).

Available From: Office of Minority Health, P.O. Box 37337, Washington, DC 20013, (800) 444-6472, www.cultureandhealth.org/cccm/Resources/concept_papers.asp

Section: 2001

Order #: 11471

Authors: Amaro, H., Raj, A., Vega, R.R., Mangione, T.W., Perez, L.N.

Title: Racial/Ethnic Disparities in the HIV and Substance Abuse Epidemics: Communities Responding to the Need.

Source: Public Health Reports 116(5): 434-448, 2001. (Journal Article: 15 pages)

Abstract: In 1998, community leaders prompted members of the Black and Hispanic Congressional Caucuses to urge President Clinton to declare HIV/AIDS a crisis in the African American and Latino communities; their advocacy resulted in the formation of the Minority AIDS Initiative. As part of this initiative, the Center for Substance Abuse Prevention (CSAP) of the Substance Abuse and Mental Health Services Agency funded the Substance Abuse and HIV Prevention Youth and Women of Color Initiative (CSAP Initiative). The CSAP Initiative is the first major federal effort to develop community-based integrated HIV and substance abuse prevention approaches targeting racial/ethnic populations that have been disproportionately impacted by HIV/AIDS. This article describes the current state of HIV prevention research involving racial/ethnic minority populations and the current status of the CSAP Initiative. The data collected through the CSAP Initiative, implemented by 47 community organizations, will help to fill the existing knowledge gap about how to best prevent HIV in these communities. This data collection effort is an unparalleled opportunity to learn about risk and protective factors, including contextual factors, that are critical to the prevention of HIV/AIDS in the African-American, Latino, and other racial/ethnic minority communities but that are often not investigated (authors).

Order #: 13247

Authors: Goode, T.

Title: Engaging Communities to Realize the Vision of One Hundred Percent Access and Zero Health Disparities: A Culturally Competent Approach.

Source: Washington, DC: National Center for Cultural Competence, 2001. (Policy Brief: 10 pages)

Abstract: This brief discusses the systematic incorporation of cultural and linguistic competence into organizational policy and structures, and provides health care organizations with the rationale for engaging communities in a culturally and linguistically competent manner. This brief also provides guidance on prerequisite policies that serve as a foundation for infusing cultural and linguistic competence into community engagement (author).

Available From: National Center for Cultural Competence, Georgetown University Child Development Center, 3307 M Street NW, Suite 401, Washington, DC 20007, (800) 788-2066, <http://gucdc.georgetown.edu>.

Cultural Competence in Health Care

Section: 2001

Order #: 13245

Authors: Goode, T., Sockalingam, S., Brown, M, Jones, W.

Title: **Linguistic Competence in Primary Health Care Delivery Systems: Implications for Policy Makers.**

Source: Washington, DC: National Center for Cultural Competence, 2001. (Policy Brief: 7 pages)

Abstract: In this brief, the authors discuss the challenges linguistic diversity creates for health care delivery systems. Facts and statistics regarding the rationale for linguistic competence in public health care delivery are given, along with a listing of federal laws and regulations that mandate linguistic competence (authors).

Available From: National Center for Cultural Competence, Georgetown University Child Development Center, 3307 M Street NW, Suite 401, Washington, DC 20007, (800) 788-2066, <http://gucdc.georgetown.edu>.

Order #: 8864

Authors: Goode, T.D.

Title: **Getting Started: Planning, Implementing and Evaluating Culturally Competent Service Delivery Systems in Primary Health Care Settings.**

Source: Washington, DC: National Center for Cultural Competence, 2001. (Instrument: 5 pages)

Abstract: This checklist was developed by the National Center for Cultural Competence. It is designed to assist programs and organizations which are concerned with the delivery of primary and community-based health care, to begin strategic development of policies, structures, procedures and practices that support cultural and linguistic competence. It is also designed to support the campaign launched by the Bureau of Primary Health Care, "Zero Disparities and One Hundred Percent Access" (author).

Available From: National Center for Cultural Competence, Georgetown University Center for Children and Human Development, 3307 M Street, NW, Suite 401, Washington, DC 20007, (800) 788-2066, www.georgetown.edu/research/gucdc/nccc/nccc8.html

Order #: 14188

Authors: Health Resources and Services Administration.

Title: **HCH Conference Highlights Cultural Competence.**

Source: Opening Doors 9(3): 2001. (Newsletter: 8 Pages)

Abstract: This issue presents information on cultural competence, resources, and highlights from the 2001 National HCH Conference. Given the diversity among people who are homeless, cultural and linguistic competence in the delivery of health care is increasingly important. Homeless itself requires a culturally competent approach to health care, and within this population, there are further distinctions.

Order #: 13349

Authors: Health Resources and Services Administration.

Title: **Cultural Competence Works.**

Source: Merrifield, VA: HRSA Information Center, 2001. (Report: 75 pages)

Abstract: This report can be used as a tool to help health care professionals become more culturally and linguistically competent in delivering health care to individuals and families from diverse backgrounds. The authors profile the practices used to provide culturally competent care and describes an approach to cultural competency that is based on the following eight principles: define culture broadly; value clients' cultural beliefs; recognize complexity in language interpretation; facilitate learning between providers and communities; involve the community in defining and addressing service needs; collaborate with other agencies; professionalize staff hiring and training; and, institutionalize cultural competence (authors).

Available From: HRSA Information Center, P.O. Box 2910, Merrifield, VA 22116, (888) ASK-HRSA, www.hrsa.gov/financeMC/ftp/cultural-competence.pdf.

Cultural Competence in Health Care

Section: 2001

Order #: 9903

Authors: Health Resources and Services Administrations' Bureau of Primary Health Care.

Title: **Cultural Competence: A Journey.**

Source: Rockville, MD: Health Resources and Services Administrations' Bureau of Primary Health Care, 2001. (Resource Guide: 21 pages)

Abstract: This publication is designed for clinicians, policymakers, administrators and people of influence at the community, county, State, regional and national levels. It features a comprehensive definition of cultural competence that focuses on organizational, provider, and community systems and socioeconomic, epidemiologic and outcome perspectives. It describes a sampling of experiences of community programs, supported through the Health Resources and Services Administrations' Bureau of Primary Health Care, providing services to culturally and linguistically diverse populations. It describes some of the successes and challenges all to serve diverse consumers in a new way. Some suggestions of resources for expanding organizational and clinical cultural competence are provided.

Available From: Health Resources and Services Administrations' Bureau of Primary Health Care, Rockville, MD 20857, www.bphc.hrsa.gov, (800) 400-2742.

Order #: 12802

Authors: National Alliance for Hispanic Health.

Title: **Quality Health Services for Hispanics: The Cultural Competency Component.**

Source: Washington, DC: The U.S. Department of Health and Human Services, 2001. (Guide: 116 pages)

Abstract: This guide is the product of a unique collaboration between the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Office of Minority Health (OMH), and the National Alliance for Hispanic Health. The authors aim to popularize the concept of cultural competency in the provision of care. This book reflects the cumulative experience of each organization's respective community programs with the art and science of cultural competence, and provides a framework which can be used by providers either at the individual level or organizational level (authors).

Available From: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201, (202) 619-0257, www.hhs.gov.

Order #: 11215

Authors: National Consumer Supporter Technical Assistance Center.

Title: **A Cultural Competency Toolkit: Ten Grant Sites Share Lessons Learned.**

Source: Alexandria, VA: National Consumer Supporter Technical Assistance Center, 2001. (Toolkit: 88 pages)

Abstract: For organizations providing support to mental health consumers, cultural competency, the ability to reach out effectively and appropriately to individuals of different cultural backgrounds, is central to meeting the needs of a diverse community. The Cultural Competency Initiative, which was launched in 2000, assisted consumer supporter organizations by providing funding and technical assistance as well as by disseminating information about innovative minority outreach programs. Each chapter of the toolkit provides an overview of one of ten model programs. Project goals and implementation plans are shared, project leaders share their expertise, and program materials are included in each chapter's appendices. NCSTAC hopes that this information will assist other consumer supporter organizations in their efforts to launch similar outreach programs.

Available From: National Mental Health Association, 2001 N. Beauregard Street, 12th Floor, Alexandria, Virginia 22311, (800) 969-NMHA, www.ncstac.org/content/culturalcompetency/index.htm.

Cultural Competence in Health Care

Section: 2001

Order #: 13928

Authors: National Institute on Alcohol Abuse and Alcoholism.

Title: **Forecast for the Future Strategic Plan to Address Health Disparities.**

Source: Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, 2001. (Strategic Plan: 21 pages)

Abstract: This plan, outlined by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), focuses on three major areas for consideration in developing a strategic plan; research initiatives, research infrastructure, and information and outreach. The research section of the plan identifies goals and proposed action plans for such vital concerns as fetal alcohol syndrome, the toxic effects of alcohol, the impact of genetics, and treatment and prevention. The research initiatives section discusses the key roles of minority researchers in promoting interest in health disparities research, and in compiling the information needed to understand the interplay among those cultural, social, and biologic factors that influence differing responses to alcohol consumption. The information and outreach section considers the strategies important to improving information and outreach to minority populations. Increasing public awareness, engaging health care professionals, and expanding efforts in science education are among the key issues raised (authors).

Available From: National Institute on Alcohol Abuse and Alcoholism (NIAAA), 5635 Fishers Lane, MSC 9304, Bethesda, MD 20892, www.niaaa.nih.gov/about/health.PDF.

Order #: 12614

Authors: Office of Minority Health Resource Center.

Title: **National Standards for Culturally and Linguistically Appropriate Services in Health Care.**

Source: Washington, DC: Office of Minority Health Resource Center, 2001. (Report: 139 pages)

Abstract: This report recommends national standards for culturally and linguistically appropriate services (CLAS) in health care. Based on an analytical review of key laws, regulations, contracts, and standards currently in use by federal and state agencies and other national organizations, these recommended standards were developed with input from a national advisory committee of policymakers, health care providers, and researchers. Each standard is accompanied by commentary that addresses the proposed guideline's relationship to existing laws and standards, and offers recommendations for implementation and oversight to providers, policymakers, and advocates.

Available From: Office of Minority Health Resource Center, P.O. Box 37337, Washington, DC 20013-7337, (800) 444-6472, www.omhrc.gov/omh/programs/2pgprograms/finalreport.pdf

Order #: 10067

Authors: Thomas, S.

Title: **The Color Line: Race Matters in the Elimination of Health Disparities.**

Source: American Journal of Public Health 91(7): 1046-1048, 2001. (Journal Article: 2 pages)

Abstract: This article responds to concepts of race and ethnicity discussed in an article by G.M. Oppenheimer entitled "Paradigm Lost: Race, Ethnicity, and the Search for a New Population Taxonomy", and relates these concepts to health disparity. One consequence of persistent discrimination based on race and ethnicity is an unequal burden of illness and premature death experienced by minority populations. The author suggests that a shift away from "race" to "ethnic group" only may minimize the health impact of racism, especially for populations subjected to social prejudice because of their dark skin and facial features. Rather than removing race as a scientific variable, a better job needs to be done at understanding how to measure race, racism, and social inequality in medical care and public health practice. To focus exclusively on ethnicity moves away from the political and economic factors that are more central when the focus is on race. By taking away the ability to link health status and race, we remove one of the most powerful tools used by disenfranchised people to fight for social justice, not only in medical care and public health, but also in our development of one nation, and one human race (authors).

Cultural Competence in Health Care

Section: 2001

Order #: 13346

Authors: Thompson, V.L.

Title: Cultural Competency in the Delivery of Mental Health Services: Implementation Issues.

Source: St. Louis, MO: Public Policy Research Center, 2001. (Brief: 3 pages)

Abstract: This brief discusses the increased attention given to multicultural issues such as minority utilization, language barriers, and provider diversity in mental health service delivery. The author discusses recent trends in demographic projections regarding the make up the U.S. population, as well as treatment outcomes, and implementation strategies (author).

Available From: Public Policy Research Center, 8001 Natural Bridge Road, St. Louis, MO 63121, (314) 516-5273, www.umsi.edu/services/pprc/data/pbrief_006_cultural_competency.pdf.

Order #: 9927

Authors: United States Department of Health and Human Services.

Title: Mental Health: Culture, Race, and Ethnicity. A Report of the Surgeon General.

Source: Washington, DC: U.S. Department of Health and Human Services, 2001. (Report: 203 pages)

Abstract: This supplement to Mental Health: A Report of the Surgeon General, documents the existence of striking disparities for minorities in mental health services and the underlying knowledge base. Racial and ethnic minorities have less access to mental health services than do whites. They are less likely to receive needed care. When they do receive care, it is more likely to be poor in quality. These disparities have powerful significance for minority groups and for society as a whole. A major finding of this Supplement is that racial and ethnic minorities bear a greater burden from unmet mental health needs and thus suffer a greater loss to their overall health and productivity. Ethnic and racial minorities do not yet completely share in the hope afforded by remarkable scientific advances in understanding and treating mental disorders. Because of preventable disparities in mental health services, a disproportionate number of minorities are not fully benefiting from , or contributing to, the opportunities and prosperity of our society (authors).

Available From: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201, (202) 619-0257, www.os.dhhs.gov.

Order #: 9928

Authors: United States Department of Health and Human Services.

Title: Mental Health: Culture, Race, and Ethnicity. A Report of the Surgeon General-Executive Summary.

Source: Washington, DC: U.S. Department of Health and Human Services, 2001. (Executive Summary: 13 pages)

Abstract: This is the executive summary of the United States Department of Health and Human Services report titled Mental Health: Culture, Race, and Ethnicity. Main findings are summarized and broken down, a Main Message and Recommendations are given, and the chapters are summarized with conclusions. The full report, a supplement to Mental Health: A Report of the Surgeon General, documents the existence of striking disparities for minorities in mental health services and the underlying knowledge base. Racial and ethnic minorities have less access to mental health services than do whites. They are less likely to receive needed care. When they do receive care, it is more likely to be poor in quality. These disparities have powerful significance for minority groups and for society as a whole. A major finding of this Supplement is that racial and ethnic minorities bear a greater burden from unmet mental health needs and thus suffer a greater loss to their overall health and productivity. Ethnic and racial minorities do not yet completely share in the hope afforded by remarkable scientific advances in understanding and treating mental disorders. Because of preventable disparities in mental health services, a disproportionate number of minorities are not fully benefiting from, or contributing to, the opportunities and prosperity of our society (authors).

Available From: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201, (202) 619-0257, www.mentalhealth.org/cre/execsummary.asp (SMA-01-3613).

Cultural Competence in Health Care

Section: 2001

Order #: 10320

Authors: United States Department of Health and Human Services.

Title: **Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General.**

Source: Washington, DC: U.S. Department of Health and Human Services, 2001. (Fact Sheet: 11 pages)

Abstract: This fact sheet addresses the challenges faced by youth of color who are in need of mental health care. Issues such as availability and access to services are discussed, as well as appropriateness and outcomes. Populations include: African-Americans, Latino/Hispanic Americans, Asian American/Pacific Islanders, and Native American Indians.

Available From: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201, (202) 619-0257, www.mentalhealth.org/cre/factsheet.asp

Order #: 12611

Authors: Wells, K., Klap, R., Koike, A., Sherbourne, C.

Title: **Ethnic Disparities in Unmet Need for Alcoholism, Drug Abuse, and Mental Health Care.**

Source: American Journal of Psychiatry 158(12): 2027-2032, 2001. (Journal Article: 6 pages)

Abstract: This study examined differences by ethnic status in unmet need for alcoholism, drug abuse, and mental health treatment. Recent policy has focused on documenting and reducing ethnic disparities in availability and quality of health care. Data were from a follow-up survey of adult respondents to a 1996-1997 national survey. Non-Hispanic whites, African Americans, and Hispanics were compared in access to alcoholism and drug abuse treatment and mental health care (primary or specialty), unmet need for care, satisfaction with care, and use of active treatment for alcoholism, drug abuse, and mental health problems in the prior 12 months. The authors document greater unmet need for alcoholism and drug abuse treatment and mental health care among African American and Hispanics relative to whites. New policies are needed to improve access to and quality of alcoholism, drug abuse, and mental health treatment across diverse populations (authors).

Section: 2000

Order #: 8715

Authors: American Public Health Association.

Title: **American Journal of Public Health.**

Source: American Journal of Public Health, 90(11): 2000. (Journal: Entire Issue: 143 pages)

Abstract: This issue of the American Journal of Public Health contains multiple articles that discuss Race/Ethnicity and the 2000 Census and its implications for Public Health. It includes Implications for American Indians and Alaska Natives, the US Hispanic/Latino population, recommendations for African American and other Black populations in the US, disaggregating Asian American and Native Hawaiian/Pacific Islander Data and immigration and intermarriage and the challenges of measuring Racial/Ethnic Identities. It also addresses Racial/Ethnic differences in children's access to care.

Cultural Competence in Health Care

Section: 2000

Order #: 9897

Authors: Brach, C., Fraser, I.

Title: Can Cultural Competency Reduce Racial and Ethnic Health Disparities? A Review and Conceptual Model.

Source: Medical Care Research and Review 57: 181-217, 2000. (Journal Article: 35 pages)

Abstract: This article develops a conceptual model of cultural competency's potential to reduce racial and ethnic health disparities, using the cultural competency and disparities literature to lay the foundation for the model and inform assessments of its validity. The authors identify nine major cultural competency techniques: interpreter services, recruitment and retention policies, training, coordination with traditional healers, use of community health workers, culturally competent health promotion, including family/community members, immersion into another culture, and administrative and organizational accommodations. The conceptual model shows how these techniques could theoretically improve the ability of health systems and their clinicians to deliver appropriate services to diverse populations, thereby improving outcomes and reducing disparities. The authors conclude that while there is substantial research evidence to suggest that cultural competency should in fact work, health systems have little evidence about which cultural competency techniques are effective and less evidence on when and how to implement them properly (authors).

Order #: 13246

Authors: Goode, T., Harrison, S.

Title: Cultural Competence in Primary Health Care: Partnerships for a Research Agenda.

Source: Washington, DC: National Center for Cultural Competence, 2000. (Policy Brief: 11 pages)

Abstract: This brief discusses disparities in health care outcomes and utilization, focusing on the incidence of illness among ethnically and racially diverse groups. The authors discuss several reasons why cultural competence is necessary within primary health care, including addressing the history of mistrust of research; mitigating long-standing exclusionary research methodologies, and ensuring reciprocity within diverse communities. The need for racial/ethnic health data, research that documents ethnic variations in response to treatment and validates the efficacy of culturally and linguistically competent approaches to health care delivery is also discussed. Guidelines to facilitate these methods are outlined (authors).

Available From: National Center for Cultural Competence, Georgetown University Child Development Center, 3307 M Street NW, Suite 401, Washington, DC 20007, (800) 788-2066, <http://gucdc.georgetown.edu>.

Order #: 13365

Authors: Health Resources and Services Administration.

Title: Eliminating Health Disparities in the United States.

Source: Rockville, MD: Health Resources and Services Administration, 2000. (Report: 66 pages)

Abstract: This publication includes information on targeted health issues, and also describes various HRSA initiatives. This publication is intended for a variety of audiences and serves to increase the readers' understanding and awareness of "health disparities" and the strategies that HRSA is utilizing to eliminate the unequal burden of disease experienced by many populations (authors).

Available From: Health Resources and Services Administration, 5600 Fishers Lane, Rockville, MD 20857, www.hrsa.gov/OMH/OMH/disparities/default.htm

Cultural Competence in Health Care

Section: 2000

Order #: 13375

Authors: McCullough-Zander, K.

Title: **Caring Across Cultures: The Provider's Guide to Cross-Cultural Health Care. 2nd Edition.**

Source: Minneapolis, MN: The Center for Cross-Cultural Health, 2000. (Guide: 70 pages)

Abstract: This resource guide was developed for providers concerned about cultural competence; and for use by health care and human service professionals. The authors include chapters on developing cultural competence, communication across cultures, issues in interpreting, cross cultural mental health, and spirituality and health across cultures, as well as an expanded reference section with suggestions for further reading, and recommendations for additional tools and cross cultural health models (authors).

Available From: Center for Cross-Cultural Health, 1313 SE 5th Street, Suite 100B, Minneapolis, MN 55414, (612) 379-3573, www.crosshealth.com/provider.htm (COST: \$27.50).

Order #: 9466

Authors: National Advisory Council on Nursing Education and Practice.

Title: **A National Agenda for Nursing Workforce: Racial/Ethnic Diversity.**

Source: Washington, DC: Health Resources and Services Administration, 2000. (Report: 35 pages)

Abstract: The health of the Nation depends on an adequate supply of nurses and a nursing workforce that reflects the racial and ethnic diversity of the population. Racial and ethnic minorities currently comprise more than one-fourth of the Nation's population and will comprise nearly 40 percent by the year 2020. The most recent nursing workforce data available document that less than 10 percent of all RNs are minority nurses. This report is intended to serve as a starting point for the many agencies and organizations that are involved in nursing education and practice to operationalize the recommended items in order to remedy this longstanding and growing challenge to the profession. This report presents issues related to racial/ethnic diversity in nursing education and practice and recommends goals and actions, which include the following; increase the use of mentors for students and those nurses that are young in their careers, develop practice environments that promote diversity, create and maintain workplace environments and employee support programs that promote and document recruitment, retention and advancement of minority nurses, promote the preparation of all nurses to provide culturally competent care, establish cultural competence standards in education and practice, document the effects and benefits of a culturally diverse and competent nursing workforce in regards to access to care, outcomes of care and cost.

Order #: 9614

Authors: National Technical Assistance Center for State Mental Health Planning.

Title: **Examples From the Field: Programmatic Efforts to Improve Cultural Competence in Mental Health Services.**

Source: Alexandria, VA: NTAC, 2000. (Report: 137 pages)

Abstract: This report is a collection of descriptions of mental health programs working to improve service delivery to a variety of underserved populations. This grew out of a desire to scan the public mental health environment to see how cultural competence is being understood and implemented and to understand what efforts are being made in various states to improve mental health services to underserved groups. This report represents the results of a survey of state mental health authorities conducted in late spring 1999 (authors).

Available From: National Technical Assistance Center for State Mental Health Planning, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333, ntac@nasmhpd.org, www.nasmhpd.org/ntac.

Cultural Competence in Health Care

Section: 2000

Order #: 12609

Authors: Office of Minority Health.

Title: National Standards for Culturally and Linguistically Appropriate Services (CLAS): At a Glance.

Source: Washington, DC: Office of Minority Health, 2000. (Guide: 2 pages)

Abstract: These proposed standards are presented as guidelines for accreditation and credentialing agencies, to assess and compare providers who say they provide culturally competent services, and to assure quality for diverse populations. The standards are intended to be inclusive of all cultures and not limited to any particular population group or sets of groups; however, they are especially designed to address the needs of racial, ethnic, and linguistic population groups that experience unequal access to health services. Cultural and linguistic competence is the ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by patients to the health care encounter. As health providers begin to treat a more diverse clientele as a result of demographic shifts and changes in insurance program participation, interest is increasing in culturally and linguistically appropriate services that lead to improved outcomes, efficiency, and satisfaction. The provision of culturally and linguistically appropriate services is in the interest of providers, policymakers, accreditation and credentialing agencies, purchasers, patients, advocates, educators and the general health care community (authors).

Available From: Office of Minority Health Resource Center, P.O. Box 37337, Washington, DC 20013-7337, (800) 444-6472, www.omhrc.gov/CLAS, or http://www.marcconline.org/magazine/pdf/office_minority_h.PDF.

Order #: 8895

Authors: United States Department of Health and Human Services.

Title: Assuring Cultural Competence in Health Care: Recommendations for National Standards and Outcomes-Focused Research Agenda.

Source: Federal Register 65(247): 80865-80879, 2000. (Report: 12 pages)

Abstract: The national standards issued by the U.S. Department of Health and Human Services' (HHS) Office of Minority Health (OMH) respond to the need to ensure that all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner.

Available From: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201, (202) 619-0257, Office of Minority Health, www.omhrc.gov/CLAS.

Section: 1999

Order #: 13372

Authors: Carrillo, J., Green, A., Betancourt, J.

Title: Cross-Cultural Primary Care: A Patient-Based Approach.

Source: Annals of Internal Medicine 130(10): 829 - 834, 1999. (Journal Article: 6 pages)

Abstract: This article discusses a patient-based cross-cultural curriculum for residents and medical students that teaches a framework for analysis of the individual patient's social context and cultural health beliefs and behaviors. The authors discuss a curriculum which consists of five thematic units: basic concepts, core cultural issues, understanding the meaning of the illness, determining the patient's social context, and negotiating across cultures. The authors suggest this curriculum be taught in four 2-hour sessions. The goal of this article is to help physicians avoid cultural generalizations while improving their ability to understand, communicate with, and care for patients from diverse backgrounds (authors).

Cultural Competence in Health Care

Section: 1999

Order #: 8253

Authors: Center for Substance Abuse Treatment.

Title: Cultural Issues in Substance Abuse Treatment.

Source: Rockville, MD: Center for Substance Abuse Treatment, 1999. (Monograph: 68 pages)

Abstract: It is critically important that substance abuse services acknowledge the patient's cultural strengths, values, and experiences while encouraging behavioral and attitudinal change. The provision of culturally competent service systems starts with an organizational, mission-oriented approach and is aided by documents such as this one. The intent of this monograph is to provide a tool to help providers and other substance abuse treatment professionals gain a greater understanding of the cultural, social, political, and economic forces affecting substance abuse treatment among the targeted populations.

Available From: National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20847-2345, (800) 729-6686.

Order #: 8240

Authors: Cohen, E., Goode, T.

Title: Rationale for Cultural Competence in Primary Health Care. Policy Brief 1.

Source: Washington, DC: Georgetown University, National Center for Cultural Competence, 1999. (Policy Brief: 10 pages)

Abstract: This is the first in a series of five policy briefs that addresses efforts to effect systems change, assure long-term impact of cultural competence and improve health care access and disparities among racially, ethnically, culturally and linguistically competent primary care. The brief begins by justifying the need for cultural competence in health care from the patient-provider level, then builds upon these issues to substantiate the need for primary health care organizations to develop policies, structures, practices, and procedures supporting the delivery of culturally and linguistically competent services. Six reasons reviewed in this policy brief are: to respond to current and projected demographic changes in the U.S; to eliminate long-standing disparities in the health status of people of diverse racial, ethnic, and cultural backgrounds; to improve the quality of services and health outcomes; to meet legislative, regulatory, and accreditation mandates; to gain a competitive edge in the marketplace; and to decrease the likelihood of liability/malpractice claims.

Available From: National Center for Cultural Competence, 3307 M Street, Suite. 401, Washington, DC 20007, (202) 687-5387.

Order #: 13348

Authors: Phillips, D., Leff, S.

Title: What Do We Know About Measuring Cultural Competence in Mental Health Systems?

Source: Cambridge, MA: The Evaluation Center@HSRI, 1999. (Unpublished Paper: 12 pages)

Abstract: In this paper, which was presented at the National Association for Welfare Research and Statistics 39th annual conference, the authors introduce the concept of cultural competence evaluation as discussed in the mental health field, and consider the relevancy of mental health cultural competence evaluation to welfare systems evaluation. The paper describes resources available from the Evaluation Center at HSRI, which is a national technical assistance center for the evaluation of adult mental health systems change. The authors also discuss collaboration between mental health systems evaluation and welfare systems evaluation (authors).

Available From: The Evaluation Center@HSRI, 2269 Massachusetts Avenue, Cambridge, MA 02140, (617) 876-0426, www.nawrs.org/ClevelandPDF/phillips.pdf.

Cultural Competence in Health Care

Section: 1999

Order #: 9900

Authors: Poss, J.E.

Title: Providing Culturally Competent Care: Is There a Role for Health Promoters?

Source: Nursing Outlook, 47(1): 1999. (Journal Article: 7 pages)

Abstract: To bridge the widening gap between clients of varied cultural backgrounds and the biomedical system in which nurses practice, nurses should foster the inclusion of health promoters in selected health care settings. Health promoters, who are persons of the same racial or ethnic background as the clients they serve, can help form a link between their community and the dominant health care system. This article introduces a model that may be useful in health care delivery by the use of health promoters. It urges nurses to foster the inclusion of health promoters in selected health care settings. Health promoters should be viewed as workers who assist clients to understand and negotiate the health care system and help health care providers to work more effectively with clients from different cultural backgrounds. In return the nursing profession, which makes up the vast majority of health care providers, must search for new ways to ensure that culturally competent care is provided to a multicultural society.

Section: 1998

Order #: 8865

Authors: Dana, R.H.

Title: Cultural Competence in Three Human Service Agencies.

Source: Psychological Reports 83: 107-112, 1998. (Journal Article: 6 pages)

Abstract: This article summarizes findings from applications of the Agency Cultural Competence Checklist in three human service agencies. This checklist was developed on the basis of published literature and culture-specific agencies were chosen to document checklist findings in settings known to be culturally competent. As anticipated, all three agencies were culturally competent in attitudes, although the range of mainstream agencies in which predominantly Euro-American providers serve minority populations (author).

Order #: 13382

Authors: Paniagua, A.

Title: Assessing and Treating Culturally Diverse Clients: A Practical Guide.

Source: Thousand Oaks, CA: Sage Publications, 1998. (Book: 161 pages)

Abstract: The author summarizes current literature on cross-cultural mental health and provides helpful clinical suggestions for practitioners with a multicultural clientele. Among the topics explored are: cultural variables which may affect assessment and treatment across groups; epidemiological mental health data across groups; application of data from culture-specific, biased measures; and factors to consider during delivery of treatment. The second edition of this concise guide also includes a new chapter on cultural variables in the DSM-IV.

Available From: Sage Publications, 2455 Teller Road, Thousand Oaks, CA 91320, (800) 818-7243, www.sagepub.com (COST: \$43.95).

Cultural Competence in Health Care

Section: 1997

Order #: 7145

Authors: Goicoechea-Balbona, A.

Title: Culturally Specific Health Care Model for Ensuring Health Care Use by Rural, Ethnically Diverse Families Affected by HIV/AIDS.

Source: Health & Social Work 22(3): 172-180, 1997. (Journal Article: 9 pages)

Abstract: This article describes the culturally specific health care model (CSHCM). The CSHCM can guide health social workers in assessing and intervening with rural, ethnically diverse families. Such families require specialized and regular health care, but generally face many barriers in obtaining that care. The model relies on a culturally specific description of the target community, a culturally sensitive approach to assessment and intervention, the use of key indigenous providers, and interdisciplinary collaboration among providers. The author describes the use of the CSHCM as an emergency intervention with eight hard-to-reach families with HIV/AIDS in a rural region with an unusually high prevalence of HIV/AIDS.

Order #: 7342

Authors: National Technical Assistance Center for State Mental Health Planning.

Title: Exploring the Intersection Between Cultural Competency and Managed Behavioral Health Care Policy: Implications for State and County Mental Health Agencies.

Source: Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, 1997. (Report: 62 pages)

Abstract: This report is based on discussions that occurred during the National Mental Health Policy Institute on Cultural Competency in February 1997. Topics covered include development of an operational definition of cultural competency, a vision for the future, and recommendations for additional steps to promote increased acceptance of culturally competent principles and practices by public mental health systems in the era of managed care. The report states that the clear task for state and local mental health authorities, managed care organizations, consumers, families, providers, and university faculty is to better understand the linkage among culture, illness, and health and to use that knowledge to design and redesign service systems, policies, training curricula, and standards of care (authors).

Available From: National Technical Assistance Center, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314; (703) 739-9333, www.nasmhpd.org/ntac, (COST: \$10.00)

Order #: 7143

Authors: Zambrana, R.E., Scrimshaw, S.C.M., Collins, N., Dunkel-Schetter, C.

Title: Prenatal Health Behaviors and Psychosocial Risk Factors in Pregnant Women of Mexican Origin: The Role of Acculturation.

Source: American Journal of Public Health 87(6): 1022-1026, 1997. (Journal Article: 5 pages)

Abstract: This study examined the association between acculturation of Mexican-origin women and factors in low birthweight and preterm delivery. Interviews were conducted with 911 Mexican-origin respondents in Los Angeles prenatal care clinics. Infant outcome data were retrieved from delivery records. Mexican-American women had generally more undesirable prenatal behaviors and risk factors than Mexican-immigrant women. Although higher acculturation was significantly associated with behavioral risk factors, there were no direct effects of acculturation on infant gestational age or birthweight. The study concluded that future research needs to measure multiple factors to assess their effects on culture-specific protective factors.

Cultural Competence in Health Care

Section: 1996

Order #: 6438

Authors: Baker, S.G.

Title: Homelessness and the Latino Paradox.

Source: In Baumohl, J. (ed.), Homelessness In America. Phoenix, AZ: Oryx Press, 132-140, 1996. (Book Chapter: 9 pages)

Abstract: The author explains that although research shows an overrepresentation of racial and ethnic minorities in the homeless population, Latinos, of diverse national origins, tend to be underrepresented, in areas as diverse as Los Angeles, San Antonio, and New York. This chapter examines two competing explanations for this "Latino paradox." The first asserts that the difference in African American and Latino homelessness rates is not real--that it is a result of using flawed methods to assess the composition of the homeless population. The second accepts the validity of the discrepant rates that have been reported and asserts that differences in African American and Latino risk factors explain the paradox. The author reviews findings about race and ethnicity in studies of homeless populations; examines biases in homelessness studies that may result in African American oversampling and Latino under sampling; and examines evidence supporting the view that the risk factors associated with homelessness truly differ by race/ethnicity.

Available From: Greenwood Publishing Group, 88 Post Road West, Westport, CT 06881, (203) 226-3571, www.greenwood.com (ISBN: 0-89774-869-7, COST: \$55).

Order #: 6710

Authors: Tirado, M.

Title: Tools for Monitoring Cultural Competence in Health Care.

Source: San Francisco, CA: Latino Coalition for a Healthy California, 1996. (Report: 28 pages)

Abstract: This final report to the Office of Planning and Evaluation Health Resources and Services Administration addresses various aspects of cultural competence in health care that go beyond the basics of interpreters and translations of health promotion materials. Expert panels focused on three health conditions, asthma, diabetes, and hypertension, and evaluated the impact of cultural and linguistic factors in achieving adherence to the accepted standards of care for these conditions. The report provides a review of the literature, a discussion of the findings of the two physician panels and patient focus groups, and a discussion of the development of the two surveys, a patient satisfaction survey and a provider cultural competence self-assessment. To begin to develop tools that can be used in exploring the health status implications of sociocultural differences between patients and providers, the project team examined the degree to which accepted standards of primary health care need to be adapted to address the needs of patients from diverse cultural and linguistic backgrounds.

Available From: Latino Coalition for a Healthy California, 1225 Eighth Street, Suite 500, Sacramento, CA 95814, (916) 448-3234, www.lchc.org.

Section: 1995

Order #: 7055

Authors: Philleo, J., Brisbane, F.

Title: Cultural Competence for Social Workers: A Guide for Alcohol and Other Drug Abuse Prevention Professionals Working with Ethnic/Racial Communities.

Source: Washington, DC: Center for Substance Abuse Services, SAMHSA, CSAP Cultural Competence Series #4, 1995. (Monograph: 218 pages)

Abstract: The authors in this book demonstrate that in the changing typology of American cultures, many languages, customs, rituals, beliefs, and values are constantly being added to the national landscape. At the same time, alcohol and other drug (AOD) problems call for cultural solutions with prevention and intervention approaches that are guided by cultural norms and individual uniqueness. This book advances AOD professionals toward the goal of becoming culturally competent. It further demonstrates how to integrate cultural competency in the AOD abuse curriculum.

Available From: National Clearinghouse for Alcohol and Drug Information, (800) 729-6686, DHHS Publication No. (SMA) 95-3075.

Cultural Competence in Health Care

Section: 1995

Order #: 8887

Authors: Pinderhughes, E.

Title: Empowering Diverse Populations: Family Practice in the 21st Century.

Source: Families in Society: The Journal of Contemporary Human Services: 131-140, 1995. (Journal Article: 10 pages)

Abstract: The rapid increase around the world in interactions among persons of diverse cultural and social backgrounds along with major shifts in how family is defined and increasing fragmentation and disconnection among families with place extraordinary demands on family practitioners in the 21st century. To help clients cope with the problems that beset them, practitioners must be trained to be flexible, open thinkers who are comfortable with diversity and knowledgeable about multilevel approaches to family empowerment. Empowering diverse clients will require practitioners to be culturally competent and able to apply knowledge of power dynamics in human functioning to their understanding of their clients, the intervention process and themselves (author).

Order #: 7056

Authors: Szapocznik, J.

Title: A Hispanic/Latino Family Approach to Substance Abuse Prevention.

Source: Washington, DC: Center for Substance Abuse Prevention, SAMHSA, CSAP Cultural competence Series #2, 1995. (Book: 207 pages)

Abstract: This volume examines issues as they relate to the design and evaluation of alcohol, tobacco, and other drugs (ATOD) problem prevention programs. It focuses on the need to understand the role of family and culture in the prevention of alcohol and other drug problems in Hispanic/Latino American populations. This monograph presents several model programs. DHHS Publication No. (SMA)95-3034.

Section: 1992

Order #: 8862

Authors: Dana, R.H., Behm, J.D., Gonwa, T.

Title: A Checklist for the Examination of Cultural Competence in Social Service Agencies.

Source: Research on Social Work Practice 2(2): 220-233, 1992. (Journal Article: 12 pages)

Abstract: Multicultural services are being provided by social service agencies in the absence of any clearly identified criteria for culturally competent practice. This article describes the development of a checklist of agency characteristics that are believed to represent cultural competence. The checklist content was derived by sampling articles from the compilation of relevant literature. This literature described existing services for minority groups and provided case examples of specific programs. Systematic procedures were used to select articles, abstract characteristics from these articles, and cluster these characteristics. A preliminary form of the checklist contains items related to agency practices, available services, relationship to ethnic community, training, and evaluation. Pilot applications in social service programs provided evidence for observer reliability and concurrent validity. A discussion suggested some needed revisions in this checklist and provided a context for the implied checklist definition of cultural competency (authors).

Cultural Competence in Health Care

Section: 1991

Order #: 1391

Authors: McCarthy, B., Hagan, J.

Title: Homelessness: A Criminogenic Situation?

Source: British Journal of Criminology 31(4): 393-410, 1991. (Journal Article: 18 pages)

Abstract: Criminologists have been reluctant to pursue the idea that situational factors encourage criminal activity. Following Gibbons' work on "criminogenic situations," the authors investigate the "criminogenic" nature of homelessness. Using data on a sample of homeless youth (N=390) in Toronto, Canada, they find that a significantly greater proportion of these young people commit offenses after, rather than before, leaving home. Moreover, this pattern does not appear to be an effect of age, gender, or the number of previous homeless experiences; instead, it appears to be a result of the current homeless situation (authors).

Section: 1989

Order #: 13380

Authors: Randall-David, E.

Title: Strategies for Working With Culturally Diverse Communities and Clients. First Edition.

Source: Bethesda, MD: Association for the Care of Children's Health, 1989. (Manual: 96 pages)

Abstract: This manual is designed to help health care providers increase their understanding of the cultural aspects of health and illness and to enable them to work effectively with individual clients and families from culturally diverse communities. Chapters contain information on culturally sensitive and appropriate health education, counseling, and care. Each chapter discussion offers suggestions for clinical and educational applications. Appendixes include: Guidelines for Analysis of Sociocultural Factors in Health; Bloch's Ethnic/Cultural Assessment Guide; and Organizations Serving Culturally Diverse Communities. The manual contains an 80-item bibliography for references on counseling ethnic minorities and related references categorized by ethnic group (authors).

Available From: Association for the Care of Children's Health, 7910 Woodmont Avenue, Suite 300, Bethesda, MD 20814, (301) 654-6549.

Section: Undated

Order #: 13233

Authors: New York State Office of Mental Health.

Title: Cultural Competence in Mental Health Services: A Key Component in a Quality Improvement Agenda.

Source: Albany, NY: New York State Office of Mental Health, undated. (Fact Sheet: 2 pages)

Abstract: This fact sheet addresses issues including: what cultural competence is, why cultural competence is important, and what a commitment to cultural competence can do for mental health consumers. Also discussed are the barriers to recovery for minorities, what the cultural considerations are, and what agencies need to do to become culturally competent (authors).

Available From: New York State Office of Mental Health, 44 Holland Avenue, Albany, NY 12229, (518) 408-2026, www.omh.state.ny.us.